

Registration District No. 318

Primary Registration District No. 5440

1. PLACE OF DEATH:

- (a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. F. D. 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sidney A. McCreedy

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 0, 5. Color or race White 3, 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased. Sept 15 1880 (Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Marshall Mo (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business House painter

12. Name James Robert McCreedy

13. Birthplace Unknown Scotland (City, town, or county) (State or foreign country)

14. Maiden name Sarah A. Walton

15. Birthplace Unknown Canada (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. E. Harris

(b) Address R. F. D. 7 Springfield Mo.

17. (a) Burial (b) Date thereof Aug 16/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Herman Lohmeyer

(b) Address Springfield Mo

19. (a) 8-16-41 (b) W. E. Handley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Greene 139
(c) City or town Springfield 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 7 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1941 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 5 1941 to Aug 14 1941; that I last saw him alive on Aug 13 - 41 and that death occurred on the date and hour stated above. Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions None (Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence _____
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury None

23. Signature Robert Williams (M. D. or other)
Address Springfield Mo Date signed 8-15-41

SEP 19 1941

SEP 23 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2457

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.